Cover Sheet:	**Request to Enter Default**
Effective Date:	July 15, 2021
Last Revision Date:	March 5, 2024
Purpose:	The Request to Enter Default is used to complete a case where the Respondent has not filed a Response and more than thirty days have passed since personal service of the Summons and Petition.
Assistance:	Parties who are acting as their own attorneys may receive help from the Self Help Center to complete these forms. You may contact the Self Help Center through the Court's website, by creating an e-Correspondence account, or visit the Self Help Center in person, Monday through Thursday.
Required Forms:	All forms are Judicial Council forms, unless otherwise indicated: • Request to Enter Default, FL-165
Optional Forms:	This form is needed if there is property for the Court to divide: • Property Declaration, FL-160 This form is needed if there are issues of support, fees or costs: • Income and Expense Declaration, FL-150
Filing Fee:	None
Copies:	Make 3 copies of the completed forms if you are requesting a hearing and 2 copies if you are not requesting a hearing. The Court will file and keep the original and will endorse and mail one copy to the Respondent and will return the other copies to you.
Before You File:	Address a stamped envelope to the Respondent and submit it with your forms for filing.
Filing:	All forms must be typewritten or printed in blue or black ink. (See California Rules of Court, Rules 2.100-2.119) Mail or place completed forms in the court drop-box located at the Family Court at 3341 Power Inn Road, Sacramento, CA 95826. Drop box hours are 8:00 am to 5:00 pm Monday through Friday, excluding Court holidays. Include a cover letter if you are requesting a hearing. Forms may also be filed in person between the hours of 8:30 am and 4:00 pm. You must make an appointment online or obtain a ticket from Reception to file in person.
Next Steps:	Seek legal assistance to determine the next steps to complete your case.

FL-165

PARTY WITHOUT ATTORNEY OR ATTORNEY	STATE BAR NUMBER:	FOR COURT USE ONLY
NAME:		
FIRM NAME:		
STREET ADDRESS:		
CITY:	STATE: ZIP CODE:	
TELEPHONE NO.:	FAX NO.:	
EMAIL ADDRESS:		
ATTORNEY FOR (*name*):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF **Sacramento** STREET ADDRESS: 3341 Power Inn Road MAILING ADDRESS: 3341 Power Inn Road CITY AND ZIP CODE: Sacramento, CA 95826 BRANCH NAME: William R. Ridgeway Family Relations Courthouse		
PETITIONER: RESPONDENT:		
REQUEST TO ENTER DEFAULT		CASE NUMBER:

1. **To the clerk:** Please enter the default of the respondent who has failed to respond to the petition.
2. A completed *Income and Expense Declaration* (form FL-150) or *Financial Statement (Simplified)* (form FL-155)
   ☐ is attached ☐ is not attached.

   A completed *Property Declaration* (form FL-160) ☐ is attached ☐ is not attached
   because *(check at least one of the following):*
   - (a) ☐ there have been no changes since the previous filing.
   - (b) ☐ the issues subject to disposition by the court in this proceeding are the subject of a written agreement.
   - (c) ☐ there are no issues of child, spousal, or partner support or attorney fees and costs subject to determination by the court.
   - (d) ☐ the petition does not request money, property, costs, or attorney fees. (Family Code section 2330.5.)
   - (e) ☐ there are no issues of division of community property.
   - (f) ☐ this is an action to establish parental relationship.

Date:

_______________________________ ▶ _______________________________

(TYPE OR PRINT NAME) (SIGNATURE OF [ATTORNEY FOR] PETITIONER)

3. **Declaration**
   - (a) ☐ No mailing is required because service was by publication or posting and the address of the respondent remains unknown.
   - (b) ☐ A copy of this *Request to Enter Default,* including any attachments and an envelope with sufficient postage, was provided to the court clerk, with the envelope addressed as follows *(address of the respondent's attorney or, if none, the respondent's last known address):*

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

_______________________________ ▶ _______________________________

(TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)

FOR COURT USE ONLY

☐ *Request to Enter Default* mailed to the respondent or the respondent's attorney on *(date):* .

☐ Default entered as requested on *(date):* .

☐ Default **not** entered. Reason: .

Clerk, by _______________________________, Deputy

4. **Memorandum of costs**
   a. ☐ Costs and disbursements are waived.
   b. Costs and disbursements are listed as follows:
      (1) ☐ Clerk's fees .... $ ....
      (2) ☐ Process server's fees .... $ ....
      (3) ☐ Other *(specify):* .... $ ....
      .... $ ....
      .... $ ....
      .... $ ________
      TOTAL .... $ ....
   c. I am the attorney, agent, or party who claims these costs. To the best of my knowledge and belief, the foregoing items of cost are correct and have been necessarily incurred in this cause or proceeding.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME) ▶ (SIGNATURE OF DECLARANT)

5. **Declaration of nonmilitary status** *(required for a judgment).*
   The respondent is not in the military service of the United States as defined by either the Servicemembers Civil Relief Act (see 50 U.S.C. § 3911(2)) or California Military and Veterans Code sections 400 and 402(f).

   I know that the respondent is not in the U.S. military service because *(check all that apply):*

   (a) ☐ the search results that I received from *https://scra.dmdc.osd.mil/* say the respondent is not in the U.S. military service.
   (b) ☐ I am in regular communication with the respondent and know that they are not in the U.S. military service.
   (c) ☐ I recently contacted the respondent, and they told me that they are not in the U.S. military service.
   (d) ☐ I know that the respondent was discharged from U.S. military service on or about *(date):* .
   (e) ☐ the respondent is not eligible to serve in the U.S. military because they are incarcerated (in jail or prison).
   (f) ☐ other *(specify):* .

Note
- *U.S. military status can be checked online at https://scra.dmdc.osd.mil/.*
- If the respondent is in the military service, or their military status is unknown, the respondent is entitled to certain rights and protections under federal and state law before a default judgment can be entered.
- For more information, see *https://selfhelp.courts.ca.gov/military-defaults*.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME) ▶ (SIGNATURE OF DECLARANT)

PARTY WITHOUT ATTORNEY OR ATTORNEY	STATE BAR NUMBER:	
NAME:		
FIRM NAME:		
STREET ADDRESS:		
CITY:	STATE:	ZIP CODE:
TELEPHONE NO.:	FAX NO.:	
E-MAIL ADDRESS:		
ATTORNEY FOR (*name*):		

SUPERIOR COURT OF CALIFORNIA, COUNTY OF Sacramento
STREET ADDRESS: 3341 Power Inn Road
MAILING ADDRESS:
CITY AND ZIP CODE: Sacramento, CA 95826
BRANCH NAME: William R. Ridgeway Family Relations Courthouse

PETITIONER:
RESPONDENT:
OTHER PARENT/PARTY:

☐ **PETITIONER'S** ☐ **RESPONDENT'S**
☐ **COMMUNITY AND QUASI-COMMUNITY PROPERTY DECLARATION**
☐ **SEPARATE PROPERTY DECLARATION**

CASE NUMBER:

See *Instructions* on page 4 for information about completing this form. For additional space, use *Continuation of Property Declaration* (form FL-161).

A	B	C -	D =	E	F	
ITEM NO. BRIEF DESCRIPTION	DATE ACQUIRED	GROSS FAIR MARKET VALUE	AMOUNT OF DEBT	NET FAIR MARKET VALUE	PROPOSAL FOR DIVISION Award or Confirm to: PETITIONER	RESPONDENT
1. REAL ESTATE		$	$	$	$	$
2. HOUSEHOLD FURNITURE, FURNISHINGS, APPLIANCES						
3. JEWELRY, ANTIQUES, ART, COIN COLLECTIONS, etc.						
4. VEHICLES, BOATS, TRAILERS						
5. SAVINGS ACCOUNTS						
6. CHECKING ACCOUNTS						

Form Approved for Mandatory Use
Judicial Council of California
FL-160 [Rev. July 1, 2016]

PROPERTY DECLARATION
(Family Law)

Family Code, §§ 115, 2104, 2500-2660
www.courts.ca.gov

A		B	C -	D =	E	F	
ITEM NO.	BRIEF DESCRIPTION	DATE ACQUIRED	GROSS FAIR MARKET VALUE	AMOUNT OF DEBT	NET FAIR MARKET VALUE	PROPOSAL FOR DIVISION Award or Confirm to: PETITIONER	RESPONDENT
7.	CREDIT UNION, OTHER DEPOSITORY ACCOUNTS		$	$	$	$	$
8.	CASH						
9.	TAX REFUND						
10.	LIFE INSURANCE WITH CASH SURRENDER OR LOAN VALUE						
11.	STOCKS, BONDS, SECURED NOTES, MUTUAL FUNDS						
12.	RETIREMENT AND PENSIONS						
13.	PROFIT-SHARING, IRAS, DEFERRED COMPENSATION, ANNUITIES						
14.	ACCOUNTS RECEIVABLE, UNSECURED NOTES						
15.	PARTNERSHIP, OTHER BUSINESS INTERESTS						
16.	OTHER ASSETS						
17.	ASSETS FROM CONTINUATION SHEET						
18.	TOTAL ASSETS						

A		B	C	D	
ITEM NO.	DEBTS— SHOW TO WHOM OWED	DATE INCURRED	TOTAL OWING	PROPOSAL FOR DIVISION Award or Confirm to: PETITIONER	RESPONDENT
19.	STUDENT LOANS		$	$	$
20.	TAXES				
21.	SUPPORT ARREARAGES				
22.	LOANS—UNSECURED				
23.	CREDIT CARDS				
24.	OTHER DEBTS				
25.	OTHER DEBTS FROM CONTINUATION SHEET				
26.	TOTAL DEBTS				

☐ A *Continuation of Property Declaration* (form FL-161) is attached and incorporated by reference.

I declare under penalty of perjury under the laws of the State of California that, to the best of my knowledge, the foregoing is a true and correct listing of assets and obligations and the amounts shown are correct.

Date:

_______________________________ ▶ _______________________________

(TYPE OR PRINT NAME) SIGNATURE

INFORMATION AND INSTRUCTIONS FOR COMPLETING FORM FL-160

Property Declaration (form FL-160) is a multipurpose form, which may be filed with the court as an attachment to a *Petition* or *Response* or served on the other party to comply with disclosure requirements in place of a *Schedule of Assets and Debts* (*form FL-142*). Courts may also require a party to file a *Property Declaration* as an attachment to a *Request to Enter Default* (form FL-165) or *Judgment* (form FL-180).

When filing a *Property Declaration* with the court, do not include private financial documents listed below.

Identify the type of declaration completed

1. Check "Community and Quasi-Community Property Declaration" on page 1 to use *Property Declaration* (form FL-160) to provide a combined list of community and quasi-community property assets and debts. Quasi-community property is property you own outside of California that would be community property if it were located in California.

2. Do not combine a separate property declaration with a community and quasi-community property declaration. Check "Separate Property Declaration" on page 1 when using *Property Declaration* to provide a list of separate property assets and debts.

Description of the Property Declaration chart

Pages 1 and 2

1. Column A is used to provide a brief description of each item of separate or community or quasi-community property.
2. Column B is used to list the date the item was acquired.
3. Column C is used to list the item's gross fair market value (an estimate of the amount of money you could get if you sold the item to another person through an advertisement).
4. Column D is used to list the amount owed on the item.
5. Column E is used to indicate the net fair market value of each item. The net fair market value is calculated by subtracting the dollar amount in column D from the amount in column C ("C minus D").
6. Column F is used to show a proposal on how to divide (or confirm) the item described in column A.

Page 3

1. Column A is used to provide a brief description of each separate or community or quasi-community property debt.
2. Column B is used to list the date the debt was acquired.
3. Column C is used to list the total amount of money owed on the debt.
4. Column D is used to show a proposal on how to divide (or confirm) the item of debt described in column A.

When using this form only as an attachment to a *Petition* or *Response*

1. Attach a *Separate Property Declaration* (form FL-160) to respond to item 9. Only columns A and F on pages 1 and 2 and columns A and D on page 3 are required.
2. Attach a *Community or Quasi-Community Declaration* (form FL-160) to respond to item 10, and complete column A on all pages.

When serving this form on the other party as an attachment to *Declaration of Disclosure* (form FL-140)

1. Complete columns A through E on pages 1 and 2, and columns A through C on page 3.
2. Copies of the following documents must be attached and served on the other party:
   (a) *For real estate* (item 1): deeds with legal descriptions and the latest lender's statement.
   (b) *For vehicles, boats, trailers* (item 4): the title documents.
   (c) *For all bank accounts* (item 5, 6, 7): the latest statement.
   (d) *For life insurance policies with cash surrender or loan value* (item 10): the latest declaration page.
   (e) *For stocks, bonds, secured notes, mutual funds* (item 11): the certificate or latest statement.
   (f) *For retirement and pensions* (item 12): the latest summary plan document and latest benefit statement.
   (g) *For profit-sharing, IRAs, deferred compensation, and annuities* (item 13): the latest statement.
   (h) *For each account receivable and unsecured note* (item 14): documentation of the account receivable or note.
   (i) *For partnerships and other business interests* (item 15): the most current K-1 and Schedule C.
   (j) *For other assets* (item 16): the most current statement, title document, or declaration.
   (k) *For support arrearages* (item 21): orders and statements.
   (l) *For credit cards and other debts* (items 23 and 24): the latest statement.
3. Do not file copies of the above private financial documents with the court.

When filing this form with the court as a attachment to *Request to Enter Default* (FL-165) or *Judgment* (FL-180)
Complete all columns on the form.

For more information about forms required to process and obtain a judgment in dissolution, legal separation, and nullity cases, see **http://www.courts.ca.gov/8218.htm.**

PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER:	FOR COURT USE ONLY
NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (*name*):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Sacramento STREET ADDRESS: 3341 Power Inn Road MAILING ADDRESS: 3341 Power Inn Road CITY AND ZIP CODE: Sacramento, CA 95814 BRANCH NAME: William R. Ridgeway Family Relations Courthouse	
PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	
INCOME AND EXPENSE DECLARATION	CASE NUMBER:

1. **Employment** *(Give information on your current job or, if you're unemployed, your most recent job.)*

Attach copies of your pay stubs for last two months (black out Social Security numbers).

a. Employer:
b. Employer's address:
c. Employer's phone number:
d. Occupation:
e. Date job started:
f. If unemployed, date job ended:
g. I work about hours per week.
h. I get paid $ gross (before taxes) ☐ per month ☐ per week ☐ per hour.

(If you have more than one job, attach an 8 1/2-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1—Other Jobs" at the top.)

2. **Age and education**
   a. My age is *(specify):*
   b. I have completed high school or the equivalent: ☐ Yes ☐ No If no, highest grade completed *(specify):*
   c. Number of years of college completed *(specify):* ☐ Degree(s) obtained *(specify):*
   d. Number of years of graduate school completed *(specify):* ☐ Degree(s) obtained *(specify):*
   e. I have: ☐ professional/occupational license(s) *(specify):*
   ☐ vocational training *(specify):*

3. **Tax information**
   a. ☐ I last filed taxes for tax year *(specify year):*
   b. My tax filing status is ☐ single ☐ head of household ☐ married, filing separately
   ☐ married, filing jointly with *(specify name):*
   c. I file state tax returns in ☐ California ☐ other *(specify state):*
   d. I claim the following number of exemptions (including myself) on my taxes *(specify):*

4. **Other party's income.** I estimate the gross monthly income (before taxes) of the other party in this case at *(specify):* $
   This estimate is based on *(explain):*

(If you need more space to answer any questions on this form, attach an 8 1/2-by-11-inch sheet of paper and write the question number before your answer.) Number of pages attached: ________

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date:

______________________________ ▶ ______________________________
(TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:

Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. ***(Black out your Social Security number on the pay stub and tax return.)***

5. **Income** *(For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)*

	Last month	Average monthly
a. Salary or wages (gross, before taxes)	$	
b. Overtime (gross, before taxes)	$	
c. Commissions or bonuses	$	
d. Public assistance (for example: TANF, SSI, GA/GR) ☐ currently receiving	$	
e. Spousal support ☐ from this marriage ☐ from a different marriage ☐ federally taxable*	$	
f. Partner support ☐ from this domestic partnership ☐ from a different domestic partnership	$	
g. Pension/retirement fund payments	$	
h. Social Security retirement (not SSI)	$	
i. Disability: ☐ Social Security (not SSI) ☐ State disability (SDI) ☐ Private insurance	$	
j. Unemployment compensation	$	
k. Workers' compensation	$	
l. Other (military allowances, royalty payments) *(specify):*	$	

6. **Investment income** *(Attach a schedule showing gross receipts less cash expenses for each piece of property.)*

	Last month	Average monthly
a. Dividends/interest	$	
b. Rental property income	$	
c. Trust income	$	
d. Other *(specify):*	$	

7. **Income from self-employment, after business expenses for all businesses** .... $

I am the ☐ owner/sole proprietor ☐ business partner ☐ other *(specify):*

Number of years in this business *(specify):*

Name of business *(specify):*

Type of business *(specify):*

Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your Social Security number. If you have more than one business, provide the information above for each of your businesses.

8. ☐ **Additional income.** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months *(specify source and amount):*

9. ☐ **Change in income.** My financial situation has changed significantly over the last 12 months because *(specify):*

10. **Deductions**

	Last month
a. Required union dues	$
b. Required retirement payments (not Social Security, FICA, 401(k), or IRA)	$
c. Medical, hospital, dental, and other health insurance premiums *(total monthly amount)*	$
d. Child support that I pay for children from other relationships	$
e. Spousal support that I pay by court order from a different marriage ☐ federally tax deductible*	$
f. Partner support that I pay by court order from a different domestic partnership	$
g. Necessary job-related expenses not reimbursed by my employer *(attach explanation labeled "Question 10g")*	$

11. **Assets**

	Total
a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts	$
b. Stocks, bonds, and other assets I could easily sell	$
c. All other property, ☐ real and ☐ personal *(estimate fair market value minus the debts you owe)*	$

* Check the box if the spousal support order or judgment was executed by the parties and the court before January 1, 2019, or if a court-ordered change maintains the spousal support payments as taxable income to the recipient and tax deductible to the payor.

PETITIONER:	CASE NUMBER:
RESPONDENT:	
OTHER PARTY/PARENT/CLAIMANT:	

12. **The following people live with me:**

Name	Age	How the person is related to me *(ex: son)*	That person's gross monthly income	Pays some of the household expenses?
a.				☐ Yes ☐ No
b.				☐ Yes ☐ No
c.				☐ Yes ☐ No
d.				☐ Yes ☐ No
e.				☐ Yes ☐ No

13. **Average monthly expenses** ☐ Estimated expenses ☐ Actual expenses ☐ Proposed needs

a. Home:
   (1) ☐ Rent or ☐ mortgage.......... $ ______
   If mortgage:
   (a) average principal: $ ______
   (b) average interest: $ ______
   (2) Real property taxes................................ $ ______
   (3) Homeowner's or renter's insurance (if not included above)............................ $ ______
   (4) Maintenance and repair.......................... $ ______

b. Health-care costs not paid by insurance........ $ ______

c. Child care.. $ ______

d. Groceries and household supplies................ $ ______

e. Eating out.. $ ______

f. Utilities (gas, electric, water, trash)............... $ ______

g. Telephone, cell phone, and e-mail................ $ ______

h. Laundry and cleaning.................................... $ ______

i. Clothes.. $ ______

j. Education.. $ ______

k. Entertainment, gifts, and vacation................. $ ______

l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.)................ $ ______

m. Insurance (life, accident, etc.; do not include auto, home, or health insurance).................. $ ______

n. Savings and investments.............................. $ ______

o. Charitable contributions................................. $ ______

p. Monthly payments listed in item 14 *(itemize below in 14 and insert total here).....* $ ______

q. Other *(specify):* $ ______

r. **TOTAL EXPENSES** (a–q) *(do not add in the amounts in a(1)(a) and (b))* $ ______

s. **Amount of expenses paid by others** $ ______

14. **Installment payments and debts not listed above**

Paid to	For	Amount	Balance	Date of last payment
		$	$	
		$	$	
		$	$	
		$	$	
		$	$	
		$	$	

15. **Attorney fees** *(This information is required if either party is requesting attorney fees):*

a. To date, I have paid my attorney this amount for fees and costs *(specify):* $

b. The source of this money was *(specify):*

c. I still owe the following fees and costs to my attorney *(specify total owed):* $

d. My attorney's hourly rate is *(specify):*

I confirm this fee arrangement.

Date:

______________________________ ▶ ______________________________
(TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:

CHILD SUPPORT INFORMATION
(NOTE: Fill out this page only if your case involves child support.)

16. **Number of children**
   a. I have *(specify number):* children under the age of 18 with the other parent in this case.
   b. The children spend percent of their time with me and percent of their time with the other parent.
   (If you're not sure about percentage or it has not been agreed on, please describe your parenting schedule here.)

17. **Children's health-care expenses**
   a. ☐ I do ☐ I do not have health insurance available to me for the children through my job.
   b. Name of insurance company:
   c. Address of insurance company:

   d. The monthly cost for the **children's** health insurance is or would be *(specify):* $
   (Do not include the amount your employer pays.)

18. **Additional expense for the children in this case**

	Amount per month
a. Childcare so I can work or get job training..	$
b. Children's health care not covered by insurance..	$
c. Travel expenses for visitation...	$
d. Children's educational or other special needs *(specify below)*:....................................	$

19. **Special hardships.** I ask the court to consider the following special financial circumstances *(attach documentation of any item listed here, including court orders):*

	Amount per month	For how many months?
a. Extraordinary health expenses not included in 18b..................................	$	
b. Major losses not covered by insurance *(examples: fire, theft, other insured loss)*...	$	
c. (1) Expenses for my minor children who are from other relationships and are living with me..	$	

   (2) Names and ages of those children *(specify):*

   (3) Child support I receive for those children.. $

   The expenses listed in a, b, and c create an extreme financial hardship because *(explain):*

20. **Other information I want the court to know concerning support in my case** *(specify):*